MAXIMUS Federal Services

Case Number:	CM14-0086029		
Date Assigned:	07/23/2014	Date of Injury:	06/15/2012
Decision Date:	02/28/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, the injured worker is a 53 year-old female with a date of injury of 06/15/2012. The results of the industrial injury include the bilateral upper extremities. Diagnoses have included right lateral epicondylitis of elbow with synovitis and tenosynovitis; and partial tear extensor mass, right elbow. Diagnostic studies were not submitted for review. Treatments have included medications, Kenalog injections to the right elbow, physical therapy, and surgical intervention. Medications have included Norco, Naproxen, and Duexis. Surgical interventions have included a right shoulder arthroscopy with rotator cuff repair, performed on 01/25/2013. An open lateral epicondylar debridement with repair of extensor mass partial tear was performed on 03/21/2014. A progress note from the treating physician, dated 02/25/2014, documents an orthopedic re-evaluation of the bilateral upper extremities of the injured worker. The injured worker reported significant pain in the right elbow; difficulty sleeping at night due to pain; and left shoulder pain that extends over into the shoulder blades, noting that it is worse with repetitive activities. Objective findings included right shoulder: forward flexion and abduction of 145 degrees, internal rotation to the SI joint and manual muscle testing is 4/5; left shoulder: positive Neer and Hawkins impingement sign, positive empty can testing and drop arm testing; and right elbow: severe tenderness to the lateral epicondyle with painful resisted wrist extension. Work status is listed as totally and temporarily disabled. Treatment plan was documented to proceed with scheduled surgery: right elbow open lateral epicondylar debridement with extensor mass repair on 03/21/2014; medication prescriptions for Norco and Duexis; continuation with ice, anti-inflammatories, self-directed

stretching and strengthening exercises; and follow-up evaluation following surgery. According to the submitted documentation, the post-surgical physical therapy evaluation was performed on 04/14/2014. The injured worker had participated in 10 sessions of physical therapy. Re-evaluation and examination of the injured worker were documented on 05/16/2014. The re-evaluation indicated decreased strength to the right arm and elbow; right elbow active range of motion was 130 degrees with flexion, 20 degrees with extension, 75 degrees with pronation, and 80 degrees with supination. As compared to the prior evaluation, there was no gain in flexion or pronation, 10 degrees loss on extension, and 5 degree gain with supination. Request is being made for a prescription for Physical Therapy for the R Elbow-12 visits 2x/wk x 6 wks).On 05/07/2014, Utilization Review non-certified a prescription for Physical Therapy for the R Elbow-12 visits 2x/wk x 6 wks). Utilization Review non-certified a prescription for Physical Therapy for the R Elbow-12 visits 2x/wk x 6 wks) based on the number of sessions exceeds guideline recommendations, there was no documented objective functional improvement, and there were no extenuating circumstances to exceed guidelines. The Utilization Review cited the CA MTUS, 2009, Post-Surgical Rehabilitation: Elbow. Application for independent medical review was made on 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy for the r elbow- 12 visits (2x/wk x 6 wks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post surgical physical therapy of the elbow Page(s): 16.

Decision rationale: The California MTUS section on post elbow surgery physical therapy recommendations states: ECRB/ ECRL debridement [DWC]:Postsurgical treatment: 10 visits over 4 months*Postsurgical physical medicine treatment period: 6 monthsThe request is for 12 sessions that is in excess of the recommended amount. There is no documented evidence that the patient would require more sessions than the recommendations. Therefore the request is not certified.